

APPLICATION

MINNESOTA AMERICAN LEGION FOUNDATION SCHOLARSHIP

APPLICANT'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE (____) _____

LEGAL DESCENDENT OF A QUALIFIED MEMBER OF AMERICAN LEGION POST:

NAME _____ MEMBERSHIP NUMBER _____

MILITARY BRANCH _____ SERVICE DATES _____

Or

LEGAL DESCENDENT OF A QUALIFIED MEMBER OF AMERICAN LEGION AUXILIARY UNIT:

NAME _____ MEMBERSHIP NUMBER _____

FATHER'S OCCUPATION _____ MOTHER'S OCCUPATION _____

NUMBER OF DEPENDENTS IN THE FAMILY _____

FAMILY ADJUSTED GROSS INCOME FOR THE LAST TAX YEAR (TAKEN FROM THE FEDERAL INCOME TAX RETURN) _____

SCHOOL YOU WILL ATTEND _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HAVE YOU RECEIVED ANY OTHER SCHOLARSHIPS OR FINANCIAL ASSISTANCE? IF SO, PLEASE LIST

THE FOLLOWING SHOULD BE COMPLETED BY AN APPROPRIATE ADULT:

1. Student's scholastic average for the last three years _____. Include high school transcript. (If applicant is a Veteran, no transcript is needed).
2. Adult recommendation and remarks. (At least two or more recommendations should be included.)
3. Applicant should include a personal essay – essay can include why applicant should receive scholarship or what education the student is pursuing. The essay can be as long or short as the applicant deems necessary.

THIS SECTION SHOULD BE FILLED OUT COMPLETELY

APPLICATION APPROVED AND RECOMMENDED BY AMERICAN LEGION POST # _____

POST LOCATION _____ POST OFFICIAL'S SIGNATURE _____ DATE _____

ANY APPLICATION TO BE CONSIDERED MUST BE IN DEPARTMENT HEADQUARTERS BY APRIL 1, 2019. APPLICANT SHOULD COMPLETE THE APPLICATION IN EVERY DETAIL, IN ORDER TO QUALIFY. ALL APPLICATIONS WILL BE DESTROYED AFTER SELECTION. ONLY THE WINNERS WILL BE NOTIFIED.

APPLICATION

MINNESOTA AMERICAN LEGION FOUNDATION SCHOLARSHIP

The purpose of this scholarship, sponsored by The Minnesota American Legion Foundation, is to provide financial assistance to students to further their education in any Minnesota University, College, Vocational School, or other accredited institutions of higher education, or in states with a Minnesota reciprocity agreement.

QUALIFICATIONS

1. Applicant must be a legal resident of the State of Minnesota, and a citizen of the United States.
2. Applicant shall be a legal descendent of a Veteran member of the American Legion; and/or a legal descendent of an American Legion Auxiliary member.
3. Applicant shall be a High School graduate upon receipt of the scholarship, and must meet the academic standards of the school they will be attending.
4. Applicant must have a good record of school and community citizenship, indicate their loyalty to their country, and show the qualities of initiative and desire to pursue an education beyond High School.
5. Applicant shall establish a financial need.

BASIS OF SELECTION

Awards will be made on the basis of personal need with consideration given to the desire to continue education, ability to succeed, career to be pursued, and purpose for which scholarship is to be used. The decisions of the committee, composed of the members of the Education and Americanism Committee, or its duly appointed agents, will be final. Scholarship winners will be determined in the month of April. **You will not be notified if you do not receive this scholarship. All applications will be destroyed after selection.**

EXTENT OF AWARD

The maximum scholarship award is for \$500.00 and is for one year only, but application may be made for aid in succeeding years, should no applications be received for the first year studies. The \$500.00 will be sent to the institution of the student's choice before the Fall Quarter/Semester.

REQUIREMENTS

1. High School/College transcript must be included.
2. Applicant should include a personal letter.
3. Applicant should include at least two (2) letters of recommendation.
4. An American Legion Post Official **must sign** the application.

APPLICATION AND DEADLINE

Application forms for the scholarship may be obtained from the Education Committee, The American Legion, Department of Minnesota, 20 West 12th Street, Room 300A, St. Paul, MN 55155-2000.

APPLICATION DEADLINE IS APRIL 1, 2019

Please send completed Scholarship Application to The American Legion, Department of Minnesota, 20 West 12th Street, Room 300A, St. Paul, MN 55155. If you have any questions, please call (651) 291-1800, or toll free at (866) 259-9163, or e-mail to department@mnlegion.org.

APPLICATION

MINNESOTA AMERICAN LEGION MEMORIAL SCHOLARSHIP

APPLICANT'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE (____) _____

LEGAL DESCENDENT OF A QUALIFIED MEMBER OF AMERICAN LEGION POST:

NAME _____ MEMBERSHIP NUMBER _____

MILITARY BRANCH _____ SERVICE DATES _____

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NAME _____ MEMBERSHIP NUMBER _____

FATHER'S OCCUPATION _____ MOTHER'S OCCUPATION _____

NUMBER OF DEPENDENTS IN THE FAMILY _____

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SCHOOL YOU WILL ATTEND _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

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1. Student's scholastic average for the last three years _____. Include high school transcript. (If applicant is a Veteran, no transcript is needed).
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